



PTO/SB/82 (09-03)

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/171,043
Filing Date	October 9, 1998
First Name and Inventor	Paul M. KONNERSMAN
Art Unit	3622
Examiner Name	D. Lastra
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

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OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Paul M. Konnersman		
Signature			
Date	April 23, 2004	Telephone	781-639-0616

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

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